TALLY CHECKLIST

For use of this form, see DA PAM 5-20; the proponent agency is ASCIM

OBSERVATION NUMBER	TYPE OF SERVICE	DATE			s[1]	o[2]*	REMARKS
		REC'D	DEL'D	INSPT'D			

[1]s: Satisfactory

[2]o: Other than satisfactory

* Request contractor's Initial

DA FORM 5481, MAR 2008   PREVIOUS EDITIONS ARE OBSOLETE.   APD LC v1.00